

18293

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FOR STATE
HEALTH DEPT.

Any delay is
necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to
the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page
5 may be retained for your files.

~~State Department of Health~~

| | | | | | | | | | | | | |
|---|---------|------------------------------|---|-----------------|------------------|--|-------------------------------------|-------------------------|---|-----------------------------|-----------|----------|
| 1. DECEASED-NAME (Type or Print) | | | First | Middle | Lost | 2a. DATE KNOWN OF ESTI- DEATH MATED | | | Month | Day | Year | 2b. HOUR |
| Rodney | | | Adams | | | <input checked="" type="checkbox"/> | | | Dec. | 27 | 1968 | M |
| 3. SEX | 4. RACE | 5. DATE OF BIRTH | 6. AGE (In years last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. | | | | 2c. DATE PRONOUNCED DEAD | | | 2d. HOUR |
| Male | Negro | Aug. 12, 1968 | — YRS 4 | MONTHS | DAYS | HOURS | MIN. | Month Dec. 27 Year 1968 | | | 9:30 A.M. | |
| 7a. BIRTHPLACE (State or foreign country) | | 7b. CITIZEN OF WHAT COUNTRY? | | 8. MARRIED | | NEVER MARRIED | <input checked="" type="checkbox"/> | 9. COUNTY OF DEATH | | | Somerset | |
| Maryland | | USA | | WIDOWED | | DIVORCED | <input type="checkbox"/> | | | | | |
| 10. CITY OR TOWN OF DEATH | | | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) | | | 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) | | | 12b. KIND OF BUSINESS OR INDUSTRY | | | |
| Westover | | | Box 171, Rehobeth Road | | | | | | | | | |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE | | | 13c. CITY OR TOWN | | | 13d. INSIDE CITY LIMITS? | | | 13e. STREET AND NUMBER | | | |
| Md. | | | Balto. | | | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | 914 N. Fremont Ave. | | | |
| 14. FATHER'S NAME | | | First | Middle | Last | 15. MOTHER'S MAIDEN NAME | | | First | Middle | Last | |
| Joseph | | | Butler | | | Nancy | | | Adams | | | |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | | 16b. SOCIAL SECURITY NO. | | | 17. INFORMANT | | | 914 N. Fremont Ave. | | | |
| No | | | None | | | Nancy Adams | | | Baltimore, Md. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) | | | | | | | | | | | | |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | | | | | | | | | | | | |
| 795 X DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) | | | | | | | | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF (c) | | | | | | | | | | | | |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 7952 | | | | | | | | | | | | |
| 19a. DATE OF OPERATION | | | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? | | | 20. AUTOPSY? | | | | | | |
| | | | | | | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | |
| 21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH | | | 21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19 | | | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) | | | | | | |
| 21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/> | | | 21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) | | | 21f. LOCATION Street or R.F.D. No. City or Town County State | | | | | | |
| 22a. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/> | | | | | | | | | | | | |
| ACTUAL SIGNATURE | | | C. G. Rawley. | | | CHIEF MEDICAL EXAMINER <input type="checkbox"/> | | | 22b. DATE SIGNED | | | |
| | | | | | | M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> | | | Dec. 30, 1968 | | | |
| EXAMINER'S NAME (Type) | | | C. G. Rawley, M.D. | | | DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> | | | Crisfield, Md. | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | | 23b. DATE | | | 23c. NAME OF CEMETERY OR CREMATORIAL | | | 23d. LOCATION (City or Town) (County) (State) | | | |
| Burial | | | 12/29/68 | | | Private Cemetery | | | Rehobeth Som. Md. | | | |
| 24. FUNERAL DIRECTOR | | | ADDRESS | | | 25a. REC'D BY REGISTRAR | | | 25b. REGISTRAR'S SIGNATURE | | | |
| Anthony E. Ward | | | Crisfield, Md. | | | | | | JAN 6 1969 | | | |

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

18297

CERTIFICATE OF DEATH

13
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

| | | | | | | | |
|---|---|--|--|--|---|-----------------------------------|-------------------|
| 1. DECEASED NAME (Type or print) | First JOHN | Middle LOUIS | Last CHAMBERLIN | 20. DATE OF DEATH Month December | 20. DATE OF DEATH Doy 9, 1968 | 20. DATE OF DEATH Year 1968 | 20. HOUR 10 AM |
| 3. SEX Male | 4. RACE White | S. DATE OF BIRTH March 17, 1896 | | 6. AGE (In years last birthday) 72 | IF UNDER 1 YEAR MONTHS YRS. | IF UNDER 24 HRS. DAYS | HOURS MIN. |
| 7a. BIRTHPLACE (State or foreign country) Maryland | 7b. CITIZEN OF WHAT COUNTRY? U.S.A. | B. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED | 9. COUNTY OF DEATH SOMERSET | | Md. | | |
| 10. CITY OR TOWN OF DEATH Westover | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) R.F.D. 1 | | 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Heavy Equip. Oper. | | 12b. KIND OF BUSINESS OR INDUSTRY State Roads | | |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland | 13b. COUNTY Somerset | 13c. CITY OR TOWN Westover | 13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 13e. STREET AND NUMBER R.F.D. 1 | | | |
| 14. FATHER'S NAME Franklin | First R. | Middle Chamberlin | 15. MOTHER'S MAIDEN NAME Sarah | First Elizabeth | Middle Long | Last | |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown no | 16b. SOCIAL SECURITY NO. --- | 17. INFORMANT 218-12-1373 | Address Mrs May W. Chamberlin, Westover, Md. | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) <i>Acute deq of Heart Coronary Embolus</i> 582X DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost. (b) <i>Chronic deg myo claud myopathy</i> DUE TO, OR AS A CONSEQUENCE OF (c) <i>General arteriosclerosis</i> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | | | | | |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 592X | | | | | | | |
| 19a. DATE OF OPERATION now | | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | | 20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? | | |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> DR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner) | | 21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19 | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.) | | | | |
| 21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/> | | 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) now | 21f. LOCATION Street or R.F.D. No. | City or Town | County | State | |
| 22a. I certify that (I) (this hospital) attended the deceased from <i>6 October 1967</i> to <i>3 Dec 9, 1968</i> , that (I) (we) last saw the deceased alive on <i>Dec 1, 1968</i> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. | | | | | | | |
| 22b. SIGNATURE <i>George C. Coulbourn</i> | | DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/> | MED. DIRECTOR <input type="checkbox"/> | STAFF PHYS. <input type="checkbox"/> | 22c. DATE SIGNED <i>12-11-1968</i> | | |
| 22d. PHYSICIAN'S NAME (Type) George C. Coulbourn, M.D. | | 22e. ADDRESS Marion, Maryland | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 12-11-1968 | 23c. NAME OF CEMETERY OR Crematory St. Paul Cemetery | 23d. LOCATION (City or Town) Marion | (County) Somerset | (State) Md. | | |
| 24. FUNERAL DIRECTOR <i>Robert H. Watson</i> | ADDRESS Pocomoke City, Md. | | 25a. REC'D BY REGISTRAR DEC 16 1968 | 25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i> | | | |

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

18285

18258

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death.
Page 4 may be retained by the hospital or attending physician.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours of death.

| | | | | | | |
|--|--|---|---|--|---|--------------------------------------|
| 1. DECEASED NAME (Type or print) | | First | Middle | Last | 2a. DATE OF DEATH Month | 2b. HOUR P Year |
| | | Dennis Robert | | Cooper | 12 | 17 |
| 3. SEX | | 4. RACE | 5. DATE OF BIRTH | | 6. AGE (In years last birthday) | |
| Male | | White | Dec. 16, 1968 | | No yrs. | |
| 7a. BIRTHPLACE (State or foreign country) | | 7b. CITIZEN OF WHAT COUNTRY? | 8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 9. COUNTY OF DEATH | |
| Maryland | | USA | | | Somerset | |
| 10. CITY OR TOWN OF DEATH | | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) | | 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) | | 12b. KIND OF BUSINESS OR INDUSTRY |
| Crisfield | | McCready Hosp. | | None | | None |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE | | 13b. COUNTY | 13c. CITY OR TOWN | 13d. INSIDE CITY LIMITS? | 13e. STREET AND NUMBER | |
| Maryland | | Somerset | Crisfield | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | RFD #1, Box 35 | |
| 14. FATHER'S NAME | | First | Middle | Last | 15. MOTHER'S MAIDEN NAME | |
| | | Dennis | - | Cooper | Deborah | Middle Last |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown | | 16b. SOCIAL SECURITY NO. (If yes, give war or date of service) | | 17. INFORMANT | | |
| No | | None | | Dennis Cooper, Same as 13. abcde | | |
| APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | | | | |
| 24h | | | | | | |
| <p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>climacteric</u></p> <p>777X DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b), stating the underlying cause (c)</p> <p>DUE TO, OR AS A CONSEQUENCE OF last.</p> <p>PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)</p> <p>776X</p> | | | | | | |
| 19a. DATE OF OPERATION | | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | | 20a. AUTOPSY? | 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? | |
| | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner) | | 21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19 | | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) | | |
| 21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/> | | 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) | | 21f. LOCATION | Street or R.F.D. No. | City or Town |
| | | | | | | County State |
| <p>22a. I certify that (I) this hospital attended the deceased from <u>12-16</u>, 1968, to <u>12-12</u>, 1968, that (I) (we) last saw the deceased alive on <u>12-17-68</u>, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.</p> <p>22b. SIGNATURE <i>Dennis A. Shirley MD</i></p> <p>22c. DATE SIGNED <u>12-18-68</u></p> | | | | | | |
| 22d. PHYSICIAN'S NAME (Type) | | 22e. ADDRESS | | | | |
| James A. Sterling, M.D. | | Crisfield, Md. | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORIUM | | 23d. LOCATION (City or Town) (County) (State) | |
| Burial | | Dec 18, 1968 | Sunnyridge Cemetery | | Crisfield, Somerset, Md. | |
| 24. FUNERAL DIRECTOR | | ADDRESS | | 25a. REC'D BY REGISTRAR DATE | 25b. REGISTRAR'S SIGNATURE | |
| | | Bradshaw & Sons, Crisfield, Md. 21817 | | <u>REC'D 3 1968</u> | <i>Charles Judge</i> | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be submitted within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

18286 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Perry James Cooper

CERTIFICATE OF DEATH

18299

| | | | | | | | |
|--|--|---|---|--|--|---|--|
| 1. DECEASED NAME (Type or print) | First | Middle | Lost | 20. DATE OF DEATH Month | 16 12 | Year | 2b. HOUR 10P.M. |
| Infant Male Cooper | | | | | | | |
| 3. SEX Male | 4. RACE White | | S. DATE OF BIRTH 12/16/68 12-17-68 | 6. AGE (In years last birthday) No - yrs. | | IF UNDER 1 YEAR MONTHS No | IF UNDER 24 HRS. DAYS No 52 |
| 7b. BIRTHPLACE (State or foreign country) Maryland | 7b. CITIZEN OF WHAT COUNTRY? USA | 8. MARRIED WIDOWED | 9. COUNTY OF DEATH Somerset | 10. CITY OR TOWN OF DEATH Crisfield | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) McCready Hospital | 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) None | 12b. KIND OF BUSINESS OR INDUSTRY None |
| 10. CITY OR TOWN OF DEATH Crisfield | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) McCready Hospital | 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) None | 12b. KIND OF BUSINESS OR INDUSTRY None | 13c. CITY OR TOWN Crisfield | 13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 13e. STREET AND NUMBER RFD #1, Box 35 | |
| 14. FATHER'S NAME Dennis | First | Middle | Lost | 15. MOTHER'S MAIDEN NAME Deborah | Middle | Lost | |
| | - | Cooper | | | | | |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No | 16b. SOCIAL SECURITY NO. (If yes give war or dates of service) None | 17. INFORMANT Dennis Cooper, Same as 13. abcde | Address | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary Insufficiency</i> 776.9 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any which gave rise to immediate cause (a), stating the underlying cause lost. | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2-4 hours | | | |
| (b) <i>Obesity</i> DUE TO, OR AS A CONSEQUENCE OF (c) | | | | | | | |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 7625 | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | | 20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? | | |
| 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner) | | 21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19 | | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) | | | |
| 21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> of work <input type="checkbox"/> | | 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) | | 21f. LOCATION Street or R.F.D. No. | City or Town | County | State |
| 22a. I certify that (1) this hospital attended the deceased from 12-17-68, 1968, to 12-18-68, 1968, that (1) (we) last saw the deceased alive on 12-16-68, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (1) (we) (did) (did not) view the body after death. | | | | | | | |
| 22b. SIGNATURE <i>James A. Sterling, M.D.</i> | | DEGREE ATTENDING PHYS. | MED. DIRECTOR <input checked="" type="checkbox"/> | STAFF PHYS. <input type="checkbox"/> | 22c. DATE SIGNED 12-18-68 | | |
| 22d. PHYSICIAN'S NAME (Type) J. A. Sterling, M.D. | | 22e. ADDRESS Crisfield, Md. | | | | | |
| 23a. BURIAL, CREMATION, BURIAL (Specify) | | 23b. DATE Dec 18, 1968 | 23c. NAME OF CEMETERY OR CREMATORIUM Sunnyridge Cemetery | 23d. LOCATION (City or Town) (County) (State) Crisfield, Somerset, Md. | | | |
| 24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Md. 21817 | | ADDRESS | | 25a. REC'D BY REGISTRAR DEC 23 1968 | 25b. REGISTRAR'S SIGNATURE <i>James A. Sterling</i> | | |
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

18300

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial/transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

| | | | | | |
|---|--|--|---|--|-----------------|
| 1. DECEASED-NAME (Type or print) | First LEVIN | Middle E. | Last ELLIOTT | 2a. DATE OF DEATH Month Dec. 25, 1968 | 2b. HOUR ? M |
| 3. SEX Male | 4. RACE White | S. DATE OF BIRTH Aug. 12, 1903 | 6. AGE (In years last birthday) 65 | IF UNDER 1 YEAR MONTHS IF UNDER 24 HRS. DAYS HOURS MIN. | |
| 7a. BIRTHPLACE (State or foreign country) Delaware | 7b. CITIZEN OF WHAT COUNTRY? USA | 8. MARRIED NEVER MARRIED WIDOWED DIVORCED | 9. COUNTY OF DEATH Somerset | | |
| 10. CITY OR TOWN OF DEATH Marion Station | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) RFD #1, Box 492 | 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Poultry Grower | 12b. KIND OF BUSINESS OR INDUSTRY Poultry | | |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland | 13b. COUNTY Somerset | 13c. CITY OR TOWN Marion | 13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 13e. STREET AND NUMBER RFD #1, Box 492 | |
| 14. FATHER'S NAME First Henry | Middle - | Last Elliott | 15. MOTHER'S MAIDEN NAME First Julia | Middle - | Last Messick |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No | 16b. SOCIAL SECURITY NO. (If yes give war or dates of service) None | 17. INFORMANT Mrs. Thelma Elliott, Same as 13. abcde | Address | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute set of heart</i> | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | |
| 4109 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. | | | | | |
| (b) <i>Coronary embolus</i> DUE TO, OR AS A CONSEQUENCE OF | | | | | |
| (c) <i>Arterio Sclerotic heart condition</i> DUE TO, OR AS A CONSEQUENCE OF | | | | | |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 4201 <i>General arteriosclerosis</i> | | | | | |
| 19a. DATE OF OPERATION None | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? | | |
| 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) | 21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19 | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) <i>No accident</i> | | | |
| 21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/> None | 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) | 21f. LOCATION Street or R.F.D. No. | City or Town | County | State |
| 22a. I certify that (I) (this hospital) attended the deceased from <i>Dec 23, 1968</i> , to <i>Dec 23, 1968</i> , that (I) (we) last saw the deceased alive on <i>Dec 23, 1968</i> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. | | | | | |
| 22b. SIGNATURE <i>George C. Coulbourn, M.D.</i> | DEGREE ATTENDING PHYS. | <input type="checkbox"/> MED. DIRECTOR | <input type="checkbox"/> STAFF PHYS. | 22c. DATE SIGNED | |
| 22d. PHYSICIAN'S NAME (Type) George C. Coulbourn, M. D. | 22e. ADDRESS Marion Station, Md. | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Dec. 28, 1968 | 23c. NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery | 23d. LOCATION (City or Town) Marion Station, Somerset, Md. | (County) Somerset | (State) Md. |
| 24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Md. 21817 | ADDRESS Bradshaw & Sons, Crisfield, Md. 21817 | 25a. RECD BY REGISTRAR DATE DEC 31 1968 | 25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i> | | |

8881 333

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

11 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to a burial, cremation, or removal, and in any event, within 24 hours after death.

18288 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
Item Film G408 1/14/69 kk **18301**

CERTIFICATE OF DEATH

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| 1. DECEASED NAME (Type or print) Roland | First <i>D. J. Horner</i> | Middle NEWMAN | Lost Horner | 20. DATE OF DEATH Month 12 | 21. DAY 15 | 22. YEAR 68 | 23. HOUR 7:30 M |
| 3. SEX Male | 4. RACE White | 5. DATE OF BIRTH FEB. 5, 1887 | | | 6. AGE (In years (last birthday) 81 | IF UNDER 1 YEAR MONTHS YRS. | IF UNDER 24 HRS. MONTHS DAYS HOURS MIN |
| 7a. BIRTHPLACE (State or foreign country) MARYLAND | 7b. CITIZEN OF WHAT COUNTRY? U.S.A. | 8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 9. COUNTY OF DEATH SOMERSET CO. | | | Md. | |
| 10. CITY OR TOWN OF DEATH Crisfield | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Hospital Memo. | 12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) RETIRED WATERMAN | | | 12b. KIND OF BUSINESS OR INDUSTRY | | |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MD. | 13b. COUNTY SOMERSET | 13c. CITY OR TOWN MT. VERNON | 13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 13e. STREET AND NUMBER | | | |
| 14. FATHER'S NAME JOHN HORNER | 15. MOTHER'S MAIDEN NAME ANNIE COX | | | | | | |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown 4339 | 16b. SOCIAL SECURITY NO. (If yes give war or dates of service) | 17. INFORMANT MR EMMONS HORNER, MT. VERNON, MD. | Address | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) Generalized Arteriosclerosis DUE TO, OR AS A CONSEQUENCE OF (c) | | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4 days | |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 331X Malnutrition | | | | | | | |
| MEDICAL CERTIFICATION | 19a. DATE OF OPERATION 12-17-1968 | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? | | | |
| | 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner) | 21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19 | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) | | | | |
| 21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> or work <input type="checkbox"/> | 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) | 21f. LOCATION Street or R.F.D. No. Main St. | City or Town Crisfield, Md. | County MD. | State | | |
| 22a. I certify that (I) (this hospital) attended the deceased from 12-12-1968 to 12-18-1968 , that (I) (we) last saw the deceased alive on 12-15-1968 at 19 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (I) (we) (did) (did not) view the body after death. | | | | | | | |
| 22b. SIGNATURE <i>James A. Sterling, M.D.</i> | 22c. DEGREE ATTENDING PHYS. | 22d. ADDRESS Main St. Crisfield, Md. | MED. DIRECTOR <input type="checkbox"/> | STAFF PHYS. <input type="checkbox"/> | 22e. DATE SIGNED 12-18-68 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 12-17-1968 | 23c. NAME OF CEMETERY OR CREMATORIAL ASBURY CEMETERY | 23d. LOCATION (City or Town) MT. VERNON, MD. | (County) | (State) | | |
| 24. FUNERAL DIRECTOR LEVIN R. WILSON | ADDRESS PRINCESS ANNE, MD. | 25a. REC'D BY REGISTRAR DEC 23 1968 | 25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i> | | | | |

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FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2 and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial/transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

18299 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

18302

| | | | | | | | |
|---|------------------|---|---|---|--|---|------------------------|
| 1. DECEASED-NAME (Type or Print) | | First JOHN | Middle H. | Last KING | 2a. DATE KNOWN <input checked="" type="checkbox"/> Month Day Year OF ESTI- DEATH MATED <input type="checkbox"/> Dec. 10 1968 12:30 A.M. | 2b. HOUR | |
| 3. SEX Male | 4. RACE Negro | S. DATE OF BIRTH Feb. 19, 1884 | 6. AGE (In years last birthday) 84 YRS. | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN | 2c. DATE PRONOUNCED DEAD Month Day Year Dec. 10 1968 12:30 A.M. | 2d. HOUR |
| 7a. BIRTHPLACE (State or foreign country) Md. | | 7b. CITIZEN OF WHAT COUNTRY? USA | | 8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 9. COUNTY OF DEATH Somerset | |
| 10. CITY OR TOWN OF DEATH (Rural) Marion | | | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) | | | 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Laborer | |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md. | | | 13b. COUNTY Somerset | | 13c. CITY OR TOWN Pr. Anne | 13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 13e. STREET AND NUMBER |
| 14. FATHER'S NAME Littleton M. King | | | 15. MOTHER'S MAIDEN NAME Henrietta | | | 12b. KIND OF BUSINESS OR INDUSTRY Anderson | |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16b. SOCIAL SECURITY NO. (If yes give name or dates of service) 214-12-6796 | | 17. INFORMANT Mrs. Nettie Miles | | ADDRESS Oakville, Md. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY <u>Sub- Total consumption by fire.</u> IMMEDIATE CAUSE (a) <u>890X</u> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a). stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF (c) | | | | | | | |
| APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Minutes | | | | | | | |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 9160 | | | | | | | |
| 19a. DATE OF OPERATION | | | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH | | 21b. TIME OF INJURY Month, Day, Year HOUR A.M. 7 12/10/68 | | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Overcome by smoke inhalation and flame due to house fire. | | | |
| 21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) Home | | 21f. LOCATION Street or R.F.D. No. (Rural) | | City or Town Marion | County Som. |
| State Md. | | | | | | | |
| 22a. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/> | | | | | | | |
| ACTUAL SIGNATURE <i>C. G. Rawley.</i> | | 22b. DATE SIGNED 12/12/68 | | CHIEF MEDICAL EXAMINER <input type="checkbox"/> M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> ADDRESS (Street, city, town, or county) Crisfield, Md. | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 12/14/68 | | 23c. NAME OF CEMETERY OR CREMATORIAL St. Marks Cemetery | | 23d. LOCATION (City or Town) (County) (State) Oakville Som. Md. | |
| 24. FUNERAL DIRECTOR Charles H. Ward | | ADDRESS Marion, Md. | | 25a. REC'D BY REGISTRAR DATE DEC 16 1968 | | 25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i> | |

206-1

206-1

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

18303

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death.

Page 4 may be retained by the hospital or attending physician.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours of death.

| | | | | | |
|---|---|---|---|---|---|
| 1. DECEASED-NAME (Type or print) | First Allie | Middle G. | Last Lee, Sr. | 2a. DATE OF DEATH Month Dec. 19 Year 68 | 2b. HOUR 10 P.M. |
| 3. SEX Male | 4. RACE White | 5. DATE OF BIRTH March 18, 1909 | | 6. AGE (In years last birthday) 59 YRS. | IF UNDER 1 YEAR MONTHS IF UNDER 24 HRS. DAYS HOURS MIN |
| 7a. BIRTHPLACE (State or foreign country) Virginia | 7b. CITIZEN OF WHAT COUNTRY? USA | 8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 9. COUNTY OF DEATH Somerset | | Md. |
| 10. CITY OR TOWN OF DEATH Crisfield | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) McCrady Hospital | 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Waterman | | 12b. KIND OF BUSINESS OR INDUSTRY USA | |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland | 13b. COUNTY Somerset | 13c. CITY OR TOWN Crisfield | 13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 13e. STREET AND NUMBER Gandy Lane | |
| 14. FATHER'S NAME Rome | First Middle - Lee | 15. MOTHER'S MAIDEN NAME Pearl | Middle - Last Morgan | | |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown Yes | 16b. SOCIAL SECURITY NO. WW 2 | 17. INFORMANT Mrs. Agnes Lee, Same as 13. abcde | Address | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CEREBRAL VASCULAR ACCIDENT</u> 4369 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF last. (c) | | | | | |
| APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 24 hr. | | | | | |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 331X | | | | | |
| MEDICAL CERTIFICATION | 19a. DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? | |
| | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner) | 21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19 | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) | | |
| 21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/> | 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) | 21f. LOCATION Street or R.F.D. No. | City or Town | County | State |
| 22a. I certify that (I) (this hospital) attended the deceased from _____, 19_____, to _____, 19_____, that (I) (we) last saw the deceased alive on <u>12/19/68</u> 19_____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. | | | | | |
| 22b. SIGNATURE <u>H. C. Kaufman</u> | DEGREE ATTENDING PHYS. | <input type="checkbox"/> MED. DIRECTOR | <input type="checkbox"/> STAFF PHYS. | 22c. DATE SIGNED | |
| 22d. PHYSICIAN'S NAME (Type) H. C. Kaufman, M.D. | 22e. ADDRESS Crisfield, Md. | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Dec. 22, 1968 | 23c. NAME OF CEMETERY OR CREMATORIAL American Legion | 23d. LOCATION (City or Town) Crisfield, Somerset, Md. | (County) (State) | |
| 24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Md. 21817 | ADDRESS Bradshaw & Sons, Crisfield, Md. 21817 | 25a. REC'D BY REGISTRAR DATE DEC 27 1968 | 25b. REGISTRAR'S SIGNATURE <u>Charles Judge</u> | | |

FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner Office along with form PM3. Page 5 may be retained for your files.

2
Health - prior to burial, cremation, or removal, and in any event within 72 hours after death.

| MEDICAL EXAMINER'S CERTIFICATE OF DEATH | | | | | | | | | | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 | | | |
|---|---------|---|------------------------------------|--|-------------------------------------|---|---|---|-----------------------------------|--|----------|------------|--|
| 1. DECEASED NAME (Type or Print) | | First | Middle | | Lost | | 20. DATE KNOWN OF ESTI- DEATH MATED | | Month | Day | Year | 2b. HOUR | |
| ROY | | C. | | MILBOURNE | | <input checked="" type="checkbox"/> | | Dec 30 | 168 | 2 A M | | | |
| 3. SEX | 4. RACE | 5. DATE OF BIRTH | 6. AGE (In years last birthday) | | IF UNDER 1 YEAR MONTHS DAYS | | IF UNDER 24 HRS. HOURS MIN. | | 2c. DATE PRONOUNCED DEAD Month | | | 2d. HOUR | |
| Male | White | June 20, 1916 | 52 YRS. | | | | | | Dec 30 | | | 1968 2 A M | |
| 7a. BIRTHPLACE (State or foreign country) | | 7b. CITIZEN OF WHAT COUNTRY? | | 8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> | | WIDOWED <input type="checkbox"/> DIVDRCD <input type="checkbox"/> | | 9. COUNTY OF DEATH | | | Somerset | | |
| Maryland | | USA | | | | | | | | | Md. | | |
| 10. CITY OR TOWN OF DEATH | | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) | | 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) | | 12b. KIND OF BUSINESS OR INDUSTRY | | 13. STREET AND NUMBER | | | | | |
| Crisfield | | McCready Hospital | | Waterman | | Seafood | | 37 E. Chesapeake Ave. Ext. | | | | | |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE | | 13b. COUNTY | | 13c. CITY OR TOWN | | 13d. INSIDE CITY LIMITS? | | 13e. STREET AND NUMBER | | | | | |
| Maryland | | Somerset | | Crisfield | | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 37 E. Chesapeake Ave. Ext. | | | | | |
| 14. FATHER'S NAME | | First | Middle | Last | 15. MOTHER'S MAIDEN NAME | | First | Middle | Last | | | | |
| Elwood Milbourne | | | | | Geneva | | | - | Daugherty | | | | |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16b. SOCIAL SECURITY NO. (If yes give war or dates of service) | | 17. INFORMANT | | ADDRESS | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | | | |
| No | | None | | 213-22-5980 | | Mrs. Eloise Milbourne, Same as 13. abcde | | 2 hrs. | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) | | | | | | | | | | | | | |
| PART I. DEATH WAS CAUSED BY: | | | | | | | | | | | | | |
| IMMEDIATE CAUSE (a) <u>Myocardial infarction</u> | | | | | | | | | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | | | | |
| Conditions, if any, which gave rise to immediate cause (a). stating the underlying cause (b) | | | | | | | | | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | | | | |
| (c) | | | | | | | | | | | | | |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | | | | | | | | | | | | | |
| 4201 | | | | | | | | | | | | | |
| 19a. MEDICAL CERTIFICATION | | 19b. DATE OF OPERATION | | 19c. CONDITION FOR WHICH OPERATION WAS PERFORMED? | | 20. AUTOPSY? | | | | | | | |
| | | | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | | |
| 21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH | | 21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19 | | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.) | | | | | | | | | |
| 21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/> | | 21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) | | 21f. LOCATION Street or R.F.D. No. City or Town County State | | | | | | | | | |
| 22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/> | | | | | | | | | | | | | |
| ACTUAL SIGNATURE | | <u>C. G. Rawley</u> | | M.D. | | CHIEF MEDICAL EXAMINER <input type="checkbox"/> | | 22b. DATE SIGNED | | | | | |
| EXAMINER'S NAME (Type) | | C. G. Rawley, M. D. | | | | ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> | | Dec. 31, 1968 | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE Burial | | 23c. NAME OF CEMETERY OR CREMATORIAL Sunnyridge Cemetery | | 23d. LOCATION (City or Town) Crisfield, Somerset, Md. | | (County) (State) | | | | | |
| 24. FUNERAL DIRECTOR | | ADDRESS Bradshaw & Sons, Crisfield, Md. 21817 | | 25a. REC'D BY REGISTRAR DATE JAN 3 1968 | | 25b. REGISTRAR'S SIGNATURE <u>Charles Judge</u> | | | | | | | |

FOR STATE
HEALTH DEPT.



TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2 and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm files. 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1 18292 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

18305

| | | | | | | | |
|---|-------------------------------------|--|---|--|--|---|--------------------|
| 1. DECEASED-NAME (Type or Print) | | First FRANKIE | Middle W. | Last MOORE | 2a. DATE KNOWN OF ESTI. DEATH MATED <input checked="" type="checkbox"/> Dec. 10 1968 | Month Day Year 10 1968 | 2b. HOUR 7 A.M. |
| 3. SEX Male | 4. RACE Negro | 5. DATE OF BIRTH 1934 | 6. AGE (In years last birthday) 34 YRS. | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN | 2c. DATE PRONOUNCED DEAD Month Dec. Doy 10 Year 1968 | |
| 7a. BIRTHPLACE (State or foreign country) Maryland | 7b. CITIZEN OF WHAT COUNTRY? USA | 8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED | 9. COUNTY OF DEATH Somerset | 10. CITY OR TOWN OF DEATH (Rural) Marion | | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) | |
| 12a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md. | | 13c. CITY OR TOWN Salisbury | 13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 12b. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) None | | 13e. STREET AND NUMBER | |
| 14. FATHER'S NAME Zorah | | Middle Moore | Last Katie | 15. MOTHER'S MAIDEN NAME William Moore | Middle Furr | 16. ADDRESS Baltimore, Md. | |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <input type="checkbox"/> No | | 16b. SOCIAL SECURITY NO. | 17. INFORMANT William Moore | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Sub-total consumption by fire.</u> DUE TO, OR AS A CONSEQUENCE OF 890X Conditions, if any, which gave rise to immediate cause (a), stating the <u>underlying cause</u> last. (b) DUE TO, OR AS A CONSEQUENCE OF (c) | | | |
| APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Minutes | | | | | | | |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 9160 | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? | | | | 20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH | | 21b. TIME OF INJURY Month, Day, Year HOUR A.M. 7 <input checked="" type="checkbox"/> 12/10/1968 | | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) <u>Overcome by smoke inhalation and flame due to house fire.</u> | | | |
| 21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/> | | 21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) Home | | 21f. LOCATION Street or R.F.D. No. City or Town (Rural) Marion County Som. Md. State | | | |
| 22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/> | | | | | | | |
| ACTUAL SIGNATURE <i>C. G. Rawley</i> | | 23. NAME OF CEMETERY OR CREMATORIAL REMOVAL (Specify) Burial | | CHIEF MEDICAL EXAMINER <input type="checkbox"/> M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> ADDRESS (Street, city, town, or county) Salisbury, Wicom., Md. | | 22b. DATE SIGNED Dec. 12, 1968 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 12/14/68 | 23c. NAME OF CEMETERY OR CREMATORIAL Green Acres Memo. Cem. | 23d. LOCATION (City or Town) (County) (State) Salisbury, Wicom., Md. | | 25a. REC'D BY REGISTRAR DATE DEC 18 1968 | |
| 24. FUNERAL DIRECTOR Booker M. West | | ADDRESS Salisbury, Md. | | 25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i> | | | |

19305

19305 11 300

18293

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

(F. Gwendolyn Nelson)

CERTIFICATE OF DEATH

18306

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

| | | | | | | | |
|---|---|--|--|--|---|---|----------------------|
| 1. DECEASED-NAME (Type or print) | First XxxXxx | Middle Gwen | Last Nelson | 2a. DATE OF DEATH Month 12 | Dec 10, 1968 Day 10 | Year 68 | 2b. HOUR A 5:45 M |
| 3. SEX Female | 4. RACE White | 5. DATE OF BIRTH Aug 10, 1909 | | 6. AGE (In years last birthday) 59 | IF UNDER 1 YEAR MONTHS YRS. | IF UNDER 24 HRS. DAYS HOURS MIN | |
| 7a. BIRTHPLACE (State or foreign country) Rhode Island | 7b. CITIZEN OF WHAT COUNTRY? USA | 8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED | 9. COUNTY OF DEATH Somerset | Md. | | | |
| 10. CITY OR TOWN OF DEATH Crisfield | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Already Memo. | 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Housewife | | 12b. KIND OF BUSINESS OR INDUSTRY None | | | |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland | 13b. COUNTY Somerset | 13c. CITY OR TOWN Crisfield | 13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 13e. STREET AND NUMBER 119 Richardson Ave. | | | |
| 14. FATHER'S NAME First James | Middle - | Last Bennett | 15. MOTHER'S MAIDEN NAME First Elatia | Middle - | Last Hill | | |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes, no, or unknown No | 16b. SOCIAL SECURITY NO. (If yes give war or dates of service) None | 17. INFORMANT G. Solomon Nelson, Same as 13. abcde | Address | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congenital Heart Disease | | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | |
| 746.9 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF (c) | | | | | | | |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 7545 | | | | | | | |
| 19a. DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | | | 20a. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO | 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? | | |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner) | 21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19 | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) | | | | | |
| 21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/> | 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) | 21f. LOCATION Street or R.F.D. No. | City or Town | County | State | | |
| 22a. I certify that (I) (this hospital) attended the deceased from Sept - , 1968, to Dec. 10, 1968 , that (I) (we) last saw the deceased alive on Dec. 10, 1968 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. no | | | | | | | |
| 22b. SIGNATURE Sarah M. Peyton | DEGREE M.D. | ATTENDING PHYS. <input checked="" type="checkbox"/> | MED. DIRECTOR <input type="checkbox"/> | STAFF PHYS. <input type="checkbox"/> | 22c. DATE SIGNED Dec. 10, 1968 | | |
| 22d. PHYSICIAN'S NAME (Type) S. M. Peyton, M.D. | 22e. ADDRESS Crisfield, Maryland | | | | | | |
| 23a. BURIAL, CREMATION, BURIAL (Specify) Burial | 23b. DATE Dec 12, 1968 | 23c. NAME OF CEMETERY OR CREMATORIAL Sunnyridge Cemetery | 23d. LOCATION (City or Town) Crisfield, Somerset, Md. | (County) Somerset | (State) Md. | | |
| 24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Md. 21817 | ADDRESS | 25a. REC'D BY REGISTRAR DATE DEC 16 1968 | 25b. REGISTRAR'S SIGNATURE Charles Judge | | | | |

1000 French Words

221 a 13

FOR STATE
HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
18294 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

18307

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death if necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form FM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

| | | | | | | |
|---|--|---|---|---|--|---|
| 1. DECEASED-NAME (Type or Print) | | First Elizabeth | Middle W. | Lost Shreeves | 2a. DATE KNOWN <input checked="" type="checkbox"/> Month Day Year OF ESTI- DEATH MATED <input type="checkbox"/> Dec. 10 1968 2b. HOUR 2:00 a. M | |
| 3. SEX Female | 4. RACE Negro | 5. DATE OF BIRTH Mar. 15, 1920 | 6. AGE (In years last birthday) 48 YRS. | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | 2c. DATE PRONOUNCED DEAD Month Dec. Day 10 Year 1968 3d. HOUR 3:00 a. M |
| 7a. BIRTHPLACE (State or foreign country) Maryland | 7b. CITIZEN OF WHAT COUNTRY? USA | 8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> | 9. COUNTY OF DEATH Somerset | | | |
| 10. CITY OR TOWN OF DEATH Marion | | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) | | 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Laborer | | 12b. KIND OF BUSINESS OR INDUSTRY Seafood |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md. | 13b. COUNTY Som. | 13c. CITY OR TOWN Marion | 13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 13e. STREET AND NUMBER Box 162 | | |
| 14. FATHER'S NAME Chancil R. Whittington | First Middle Last | 15. MOTHER'S MAIDEN NAME Carrie S. | 16. ADDRESS Box 162 Marion, Md. | | | |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16b. SOCIAL SECURITY NO. (If yes give war or dates of service) 220-09-1060 | 17. INFORMANT James Whittington | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma with generalized metastasis.</u> DUE TO, OR AS A CONSEQUENCE OF 1991 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF (c) | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 months | | |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 1992 | | | | | | |
| 19a. DATE OF OPERATION | | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH | | 21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19 | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) | | | |
| 21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) | 21f. LOCATION Street or R.F.D. No. | City or Town | County State | |
| 22a. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/> | | | | | | |
| ACTUAL SIGNATURE <i>C. G. Rawley.</i> | | CHIEF MEDICAL EXAMINER <input type="checkbox"/> M.D. | | 22b. DATE SIGNED 12/13/68 | | |
| EXAMINER'S NAME (Type) C. G. Rawley, M.D. | | ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> ADDRESS (Street, city, town, or county) Crisfield, Md. | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 12/13/68 | 23c. NAME OF CEMETERY OR CREMATORIAL Family Cemetery | 23d. LOCATION (City or Town) Marion | (County) Som. | (State) Md. | |
| 24. FUNERAL DIRECTOR Anthony E. Ward | ADDRESS Crisfield, Md. | 25a. REC'D BY REGISTRAR DATE DEC 18 1968 | 25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i> | | | |

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18295

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

18308

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

| | | | | | | | | | | | |
|---|--|--|--|--|---|--|---|--|----------------------|--|--|
| 1. DECEASED-NAME (Type or print) | | | First NELLIE | Middle ADELE | Last TODD | 2. DATE OF DEATH Month Dec. | Day 28, | Year 1968 | 2b. HOUR M | | |
| 3. SEX Female | 4. RACE White | S. DATE OF BIRTH Oct. 31, 1886 | | | 6. AGE (In years last birthday) 82 | IF UNDER 1 YEAR MONTHS YRS. | | IF UNDER 24 HRS. DAYS HOURS MIN | | | |
| 7a. BIRTHPLACE (State or foreign country) Maryland | 7b. CITIZEN OF WHAT COUNTRY? USA | 8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED | | | 9. COUNTY OF DEATH Somerset | Md. | | | | | |
| 10. CITY OR TOWN OF DEATH Crisfield | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 34 Maryland Ave. | | | 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Housewife | | | 12b. KIND OF BUSINESS OR INDUSTRY None | | | | |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland | 13b. COUNTY Somerset | 13c. CITY OR TOWN Crisfield | 13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 13e. STREET AND NUMBER 34 Maryland Ave. | | | | | | | |
| 14. FATHER'S NAME First William | Middle W. | Last Parks | 15. MOTHER'S MAIDEN NAME First Rosina | Middle - | Last McCoy | | | | | | |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (yes, no, or unknown) No | 16b. SOCIAL SECURITY NO. (If yes give war or dates of service) None | 16c. INFORMANT I. T. Todd, Jr., Hall Highway, Crisfield, Md. | Address 200 19 | | | | | | | | |
| APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 mo | | | | | | | | | | | |
| <p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) <i>Cardio. Vascula. Accident</i></p> <p>4369 DUE TO, OR AS A CONSEQUENCE OF <i>Left Hemiplegia</i></p> <p>Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF <i>Left Hemiplegia</i></p> <p>stating the underlying cause (c)</p> | | | | | | | | | | | |
| <p>PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)</p> <p><i>331X</i></p> | | | | | | | | | | | |
| MEDICAL CERTIFICATION | | 19a. DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | | | 20a. AUTOPSY? | 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? | | | | |
| | | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | | | | | | | | |
| 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner) | | 21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19 | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) | | | | | | | | |
| 21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/> | | 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) | 21f. LOCATION Street or R.F.D. No. City or Town County State | | | | | | | | |
| <p>22a. I certify that (I) (this hospital) attended the deceased from <i>Oct. 28, 1968</i>, to <i>Dec. 28, 1968</i>, that (I) (we) last saw the deceased alive on <i>Dec. 27, 1968</i>, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.</p> | | | | | | | | | | | |
| 22b. SIGNATURE <i>Sarah M. Peyton</i> | | DEGREE | ATTENDING PHYS. | <input checked="" type="checkbox"/> MED. DIRECTOR | <input type="checkbox"/> STAFF PHYS. | 22c. DATE SIGNED <i>12/31/68</i> | | | | | |
| 22d. PHYSICIAN'S NAME (Type) Sarah M. Peyton, M. D. | | 22e. ADDRESS 33 W. Main St., Crisfield, Md. | | | | | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Dec. 30, 1968 | 23c. NAME OF CEMETERY OR CREMATORIAL Sunnyridge Cemetery | | | 23d. LOCATION (City or Town) Crisfield, Somerset, Md. | (County) Somerset | | (State) Md. | | | |
| 24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Md. 21817 | ADDRESS | | | 25a. REC'D BY REGISTRAR JAN 3 1969 | 25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i> | | | | | | |

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper, and in any event, within 72 hours, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours.

| | | | | | |
|---|--|---|---|--|--|
| 1. DECEASED NAME (Type or print) | First John | Middle W. | Lost Ward | 2a. DATE OF DEATH 12/19/68 Month 12 Day 19 Year 68 | 2b. HOUR M |
| 3. SEX Male | 4. RACE White | 5. DATE OF BIRTH April 18, 1900 | | 6. AGE (In years last birthday) 68 YRS. | IF UNDER 1 YEAR MONTHS IF UNDER 24 HRS. DAYS HOURS MIN. |
| 7a. BIRTHPLACE (State or foreign country) Maryland | 7b. CITIZEN OF WHAT COUNTRY? USA | B. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 9. COUNTY OF DEATH Somerset Md. | | |
| 10. CITY OR TOWN OF DEATH Crisfield | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) McCready Memo. | | 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Restaurant Owner | | 12b. KIND OF BUSINESS OR INDUSTRY Food |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Virginia | 13b. COUNTY Mathews | 13c. CITY OR TOWN Mathews | 13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 13e. STREET AND NUMBER Box 35 | |
| 14. FATHER'S NAME Samuel | First T. | Middle Ward | 15. MOTHER'S MAIDEN NAME Mary | Middle Etta | Lost Pruitt |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? No, yes, no, or unknown | 16b. SOCIAL SECURITY NO. None | 16c. INFORMANT Mrs. Ruth Ward, Same as 13. abcde | Address | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Basilar Pneumonia</i> 422X DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) <i>Toxic Myocarditis</i> DUE TO, OR AS A CONSEQUENCE OF last. (c) <i>Arterial Vascular Accident</i> | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 days | | |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 431X | | | | | |
| 19a. DATE OF OPERATION X | | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | | 20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
| 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner) | | 21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19 | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.) | | |
| 21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/> | 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) | 21f. LOCATION Street or R.F.D. No. | City or Town | County | State |
| 22a. I certify that (I) (this hospital) attended the deceased from _____, 19_____, to _____, 19_____, that (I) (we) last saw the deceased alive on 12/19/68 19_____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. | | | | | |
| 22b. SIGNATURE <i>Dr. Barr</i> | | DEGREE ATTENDING PHYS. | MED. DIRECTOR <input checked="" type="checkbox"/> | STAFF PHYS. <input type="checkbox"/> | 22c. DATE SIGNED 12/20/68 |
| 22d. PHYSICIAN'S NAME (Type) A. N. Barr, M.D. | | 22e. ADDRESS Crisfield, Md. | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Dec 22, 1968 | 23c. NAME OF CEMETERY OR CREMATORIAL Sunnyridge Cemetery | 23d. LOCATION (City or Town) (County) (State) Crisfield, Somerset, Md. | | |
| 24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Md. 21817 | ADDRESS | 25a. REC'D BY REGISTRAR DATE DEC 27 1968 25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i> | | | |

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WATER CONSERVATION

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Good

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1
FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death if necessary, please execute the certificate, writing the word "Pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form FMS. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Item 11 FilmG408 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 18310

| | | | | | |
|--|---|---|---|--|---|
| 1. DECEASED NAME (Type or Print) | First: Preston | Middle: 1829 | Last: Wise | 20. DATE KNOWN OF DEATH MOTH. Day Year | 21b. HOUR |
| 3. SEX | 4. RACE | 5. DATE OF BIRTH | 6. AGE (in years lost birthday) | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS HOURS MIN. |
| Male | Negro | Nov. 15 1916 | 52 yrs. | | |
| 7a. BIRTHPLACE (State or foreign country) | 7b. CITIZEN OF WHAT COUNTRY? | 8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> | 9. COUNTY OF DEATH | 2c. DATE PRONOUNCED DEAD Month Day Year | 2d. HOUR |
| Md. | U.S.A. | WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | Somerset | Dec. 28 1968 | 12:30 P.M. |
| 10. CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) corner Rt. 13 & Bozman's Esso St. Rt. 362 | | | 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) | |
| Princess Anne | | | | Laborer | |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE | 13b. COUNTY | 13c. CITY OR TOWN | 13d. INSIDE CITY LIMITS? | 13e. STREET AND NUMBER | 12b. KIND OF BUSINESS OR INDUSTRY |
| Md. | Worcester | Pocomoke | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | Route 3 | Farm |
| 14. FATHER'S NAME | First: Edward | Middle: Wise | Last: Lee | 15. MOTHER'S MAIDEN NAME | 16. ADDRESS |
| | | | | Lee | Collins |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16b. SOCIAL SECURITY NO. (If yes give war or dates of service) | 17. INFORMANT | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | |
| No | 215-20-4795 | Virginia Wise Rt. 3 Pocomoke Md. | 3-1-68 | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) | | | | | |
| PART I. DEATH WAS CAUSED BY: | | | | | |
| IMMEDIATE CAUSE (a) <u>Ton. Pneumonia</u> | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF | | | | | |
| Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) <u>Influenza</u> | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF | | | | | |
| (c) | | | | | |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) | | | | | |
| 480X | | | | | |
| 19a. DATE OF OPERATION | | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? | | | 20. AUTOPSY? |
| | | | | | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH | | 21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19 | | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) | |
| 21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) | | 21f. LOCATION Street or R.F.D. No. | City or Town County State |
| 22a. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/> | | | | | |
| ACTUAL SIGNATURE <u>Everett Sutter</u> M.D. | | | | | |
| EXAMINER'S NAME (Type) Everett Sutter M.D. | | | | | |
| CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/> ADDRESS (Street, city, town, or county) Somerset | | | | | |
| 23a. BURIAL, CREMATION REMOVAL (Specify) | | 23b. DATE 1-4-69 | | 23c. NAME OF CEMETERY OR CREMATORIAL Wardtown Cem. | |
| 23d. LOCATION (City or Town) Pocomoke Md. | | (County) (State) | | | |
| 24. FUNERAL DIRECTOR | | ADDRESS <u>James S. Sutter New Church, Va.</u> | | 25a. REC'D. BY REGISTRAR JAN 7 1969 | 25b. REGISTRAR'S SIGNATURE <u>James S. Sutter</u> |

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